

Combined Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR REPRODUCING IN VITRO THE RNA-DEPENDENT RNA POLYMERASE, the specification of which (check one) [] is attached hereto;

[] was filed in the United States under 35 U.S.C. §111 on , as USSN *; or[X] was/will be filed in the U.S. under 35 U.S.C. §371 by entry into the U.S. national stage of an international (PCT) application, PCT/IT96/00106, filed 24 May 1996, entry requestedon *; national stage application received USSN *;§371/§102(e) date * (*if known),and was amended on (if applicable)

(include dates of amendments under PCT Art. 19 and 34 if PCT)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above; and I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 C.F.R. § 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119, 365 of any prior foreign application(s) for patent or inventor's certificate, or prior PCT application(s) designating a country other than the U.S., listed below with the "Yes" box checked and have also identified below any such application having a filing date before that of the application on which priority is claimed:

<u>RM95A000343</u>	<u>ITALY</u>	<u>25 May 1995</u>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
(Number)	(Country)	(Day Month Year Filed)	[]	[]
<u> </u>	<u> </u>	<u> </u>	YES	NO
(Number)	(Country)	(Day Month Year Filed)	[]	[]
<u> </u>	<u> </u>	<u> </u>	YES	NO
(Number)	(Country)	(Day Month Year Filed)	[]	[]
<u> </u>	<u> </u>	<u> </u>	YES	NO

I hereby claim the benefit under 35 U.S.C. § 120 of any prior U.S. Application(s) or prior PCT Application(s) designating the U.S. listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in such U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. §1.56(a) which occurred between the filing date of the prior application and the national filing date of this application:

(Application Serial No.)

(Day Month Year Filed)

(Status: patented, pending, abandoned)

(Application Serial No.)

(Day Month Year Filed)

(Status: patented, pending, abandoned)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SHERIDAN NEIMARK, REG. NO. 20,520 - ROGER L. BROWDY, REG. NO. 25,618 - ANNE M. KORNBAU, REG. NO. 25,884
 NORMAN J. LATKER, REG. NO. 19,963 - IVER P. COOPER, REG. NO. 28,005 - A. FRED STAROBIN, REG. NO. 18,453
 ALLEN C. YUN, REG. NO. 37,971* - MICK S. BROMER, REG. NO. 33,478* - * Patent Agent

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BROWDY AND NEIMARK
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 Washington, D.C. 20004

DIRECT ALL TELEPHONE CALLS TO:
BROWDY AND NEIMARK
 (202) 628-5197

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
DE FRANCESCO Raffaele	<i>Raffaele De Francesco</i>	21/11/97
RESIDENCE	CITIZENSHIP	
Rome ITALY	ITALIAN	
POST OFFICE ADDRESS		
Via Devich 46 I-00146 Rome ITALY		
FULL NAME OF SECOND JOINT INVENTOR	INVENTOR'S SIGNATURE	DATE
TOMEI Licia	<i>Licia Tomei</i>	
RESIDENCE		
Rome ITALY		
POST OFFICE ADDRESS		

Please type a plus sign (+) inside this box → ☐

PTO/SB/82 (11-96)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	08/952,981
Filing Date	March 23, 1998
First Named Inventor	De Francesco
Group Art Unit	1653
Examiner Name	Stole, E.
Attorney Docket Number	IT0002P

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☐ Customer Number

OR

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Number Bar Code
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☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name

Dr. Giovanni Galfré

Signature

Date

October 3, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	08/952,981
Filing Date	March 23, 1998
First Named Inventor	De Francesco
Group Art Unit	1653
Examiner Name	Stole, E.
Attorney Docket Number	IT0002P

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer
Number Bar Code
Label here

Name	Registration Number
Sheldon O. Heber	38,179
Jack L. Tribble	32,633

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Merck & Co., Inc.				
Address	126 E. Lincoln Avenue				
Address	P. O. Box 2000				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA				
Telephone	732-594-1958	Fax	732-594-4720		

I am the:

☐ Applicant.

☒ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	Dr. Giovanni Galfré
Signature	<i>Giovanni Galfré</i>
Date	October 3, 2000

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